#### **FEE TRANSMITTAL**

#### Electronic Version v08

Stylesheet Version v08.0

Title of Invention

BIOINFORMATICALLY DETECTABLE GROUP OF NOVEL HIV REGULATORY GENES AND USES THEREOF

Application Number:

Date:

First Named Applicant:

Dr. Itzhak Bentwich

Attorney Docket Number:

Art Unit:

1631

Examiner:

Dr. Michael Woodward

# **TOTAL FEE AUTHORIZED \$ 425**

Patent fees are subject to annual revisions on or about October 1st of each year.

Filing as small entity

### BASIC FILING FEE

| Fee Description                       | Fee Code | Amount \$ | Fee Paid \$ |  |  |  |
|---------------------------------------|----------|-----------|-------------|--|--|--|
| Utility Filing Fee                    | 2001     | 385       | 385         |  |  |  |
| Subtotal For Basic Filing Fees: \$ 38 |          |           |             |  |  |  |

### **EXTRA CLAIM FEES**

| Fee Description                    | Extra Claim | Fee Code | Amount \$ | Fee Paid \$ |  |  |
|------------------------------------|-------------|----------|-----------|-------------|--|--|
| Total Claims : 20                  | 0           | 2202     | 9         | 0           |  |  |
| Independent Claims : 3             | 0           | 2201     | 43        | 0           |  |  |
| Subtotal For Extra Claims Fees: \$ |             |          |           |             |  |  |

### **ASSIGNMENT FEES**

| Fee Description                    | Property Number | Quantity | Fee Code | Amount \$ | Fee Paid \$ |  |  |
|------------------------------------|-----------------|----------|----------|-----------|-------------|--|--|
| Recording Each Patent              | 00000000        | 1        | 8021     | 40        | 40          |  |  |
| Assignment Per Property Fee        |                 |          |          |           |             |  |  |
| Subtotal For Additional Fees: \$40 |                 |          |          |           |             |  |  |

## **AUTHORIZED BILLING INFORMATION**

The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit account number: 502830

Access Code \*\*\*\*

Deposit name: ROSETTA GENOMICS LTD

Deposit authorized name: BENTWICH ITZHAK

Signature: ZB

Date (YYYYMMDD): 2003-10-29

Charge Assignment Fees Required Under 37 C.F.R. Section 1.21 (h).

Charge the Issue Fee Set in 37 C.F.R. Section 1.18 at the Mailing of the Notice of Allowance

Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.